

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Sanofi US Corporation
c/o Brian Howe
55 Corporate Drive
Bridgewater, NJ 08807

Sanofi-Aventis US LLC
Attn: Beth Lindenmuth
2500 Southpoint Drive
Forest Park, GA 3029

Sanofi US Corporation
c/o Brian Howe
55 Corporate Drive
Bridgewater, NJ 08807

Sanofi-Aventis US LLC
c/o Brian Howe
300 Somerset Corporate Blvd
Bridgewater, NJ 08807

Sanofi-Aventis US LLC
Attn: Beth Lindenmuth
2500 Southpoint Drive
Forest Park, GA 30297

Sanofi Aventis US LLC
Attn: Beth Lindenmuth
300 Somerset Corporate Blvd
Bridgewater, NJ 08807

Laura Ketcham
Miller & Martin
832 Georgia Avenue
Volunteer Building, Suite 1200
Chattanooga, TN 37402

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Sanofi US Corporation
Attn: Brian Howe
55 Corporate Drive
Bridgewater, NJ 08807

Corporation Service Company,
R/A for Sanofi US Corporation
251 Little Falls Drive
Wilmington, DE 19808

Sanofi-Aventis U.S. LLC
Attn: Brian Howe
55 Corporate Dr
Bridgewater, NJ 08807

Corporation Service Company,
R/A for Sanofi-Aventis US LLC
251 Little Falls Drive
Wilmington, DE 19808

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

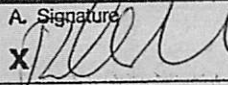
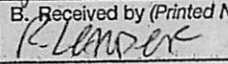
Print Name:

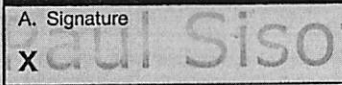
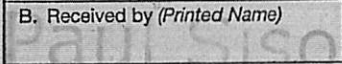
Gini L. Downing
Pachulski Stang Ziehl & Jones LLP
10100 Santa Monica Blvd.
13th Floor
Los Angeles, CA 90067

Business Address:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Sanofi US Corporation Attn: Brian Howe 55 Corporate Drive Bridgewater, NJ 08807</p>		<p>B. Received by (Printed Name) <i>Richard</i></p>	<p>C. Date of Delivery <i>2-7-22</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3985 8275</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>Barcode: 9590 9402 3367 7227 2901 30</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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<p>1. Article Addressed to:</p> <p>Corporation Service Company, R/A for Sanofi US Corporation 251 Little Falls Drive Wilmington, DE 19808</p>		<p>B. Received by (Printed Name) <i>Paul SISOLO</i></p>	<p>C. Date of Delivery <i>Paul SISOLO</i></p>
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3985 8268</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>Barcode: 9590 9402 3367 7227 2901 23</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
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<p>1. Article Addressed to:</p> <p>Sanofi-Aventis U.S. LLC Attn: Brian Howe 55 Corporate Dr Bridgewater, NJ 08807</p>		<p>B. Received by (Printed Name)  C. Date of Delivery 2.7.22</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 6664</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>Corporation Service Company, R/A for Sanofi-Aventis US LLC 251 Little Falls Drive Wilmington, DE 19808</p>		<p>B. Received by (Printed Name)  C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7017 2400 0000 3936 6701</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	